



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## \*BIBDATASHEET\*

CONFIRMATION NO. 6817

Bib Data Sheet

SERIAL NUMBER 10/716,742	FILING DATE 05/21/2004  RULE	CLASS 132	GROUP ART UNIT 3732	ATTORNEY DOCKET NO.
-----------------------------	---------------------------------------	--------------	------------------------	------------------------

APPLICANTS  
 Sandra Senzon, New York, NY;

\*\* CONTINUING DATA \*\*\*\*\*  
*mb None*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*mb None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 04/26/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>mb</i> Examiner's Signature Initials	STATE OR COUNTRY NY	SHEETS DRAWING 1	TOTAL CLAIMS 2	INDEPENDENT CLAIMS 2
--	---	---------------------------	------------------------	----------------------	----------------------------

ADDRESS  
 SANDRA SENZON  
 200 MADISON AVE.  
 NEW YORK, NY  
 10016

TITLE  
 Floss - dispense cap

FILING FEE  RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-----------------------------------	---	---